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TITLE: Lessons Learned from a Theory-Based HIV Prevention Intervention for Women
Delivered in Two Modalities

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ISSUE: The Prevention of HIV in Women and Infants Demonstration Projects, funded by the Centers for Disease Control and Prevention, grew out of a recognition of the need to develop HIV prevention programs that reflect the unique situation, motivations and priorities of women who may be both at risk for disease and at risk for unintended pregnancy.

SETTING: Women from a variety of high risk settings, such as neighborhoods characterized by a high prevalence of drug use, prostitution and STDs, social and health service agencies, and public housing developments, participated. Five project sites, in four cities (Philadelphia [2], Pittsburgh, Portland, Baltimore), are represented.

PROJECT: The Transtheoretical Model of Behavior Change was used to design 2 types of interventions: community level and individual, facility based. Community intervention sites received role model stories tailored to women's readiness to change behavior, positive reinforcement from outreach workers, and community mobilization activities, over a 2 year period. Annual cross-sectional surveys were conducted in intervention and comparison communities. Facility intervention sites offered reproductive health services and individual and group counseling tailored to women's readiness to change behavior delivered by peer paraprofessional counselors during the 6-month intervention. The evaluation used measures at baseline and at 6, 12, and 18 months for women in enhanced intervention and standard care conditions.

RESULTS: In the community component, women in intervention communities showed significantly greater increases than women in comparison communities in initiating condom use with a main partner ($p=.01$) and in talking with their main partner about condoms ($p=.03$). However, the intervention did not have significant effects on consistent condom use with main partner, or on condom use with other partners. In the facility based sites, 75% of women assigned to the enhanced intervention took advantage of services offered. Women in the enhanced intervention were more likely than controls to move ahead in stage of change for condom use with main partner and less likely to relapse at 6 months; however, the intervention effect dropped off over time. Self-efficacy, perceived pros and cons of condom use, perceived partner support for contraceptive use and reproductive intention were significant predictors of stage progress.

LESSONS LEARNED: Peer and paraprofessional staff can be trained to deliver theory based interventions in both community and facility settings. Theory based interventions can be effective in changing women's HIV risk behavior, in particular, condom use. However, in order to achieve lasting results, interventions may have to be sustained over a longer period of time in both community and clinical settings. Reproductive intentions and contraceptive practices are important to women's use of condoms and should be taken into consideration by HIV prevention programs.

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